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THE NURSING TIMES

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A CRITICISM OF MISS FLORENCE NIGHTINGALE

OF very special interest to nurses and all who are interested in the profession is the chapter on "Scutari" in Lord Stanmore's recently-published "Memoir of Sidney Herbert." To-day, when Florence Nightingale is the most revered name of English womanhood, it almost takes one's breath away to read Lord Stanmore's strictures on her attitude in the hospital at Scutari. He is certainly a brave man to attack the heroine of the Crimea. Not that he omits to praise her zeal for reform and her great power of organisation, but he finds her wanting in appreciation of the labours of her co-workers, and intolerant of interference. He goes further, and makes the amazing statement that without the milder influence of Miss Mary Stanley, who took out the second contingent of nurses to Scutari, "the reaction against the 'monstrous regiment of women' (a reaction not allayed by Miss Nightingale's sharp tongue and masterful interference) might possibly have proved successful."

It is well to recall in connection with the foregoing statement of Lord Stanmore that the late Dean, the brother of Mary Stanley, in an eulogium upon Miss Nightingale, described her marvellous faculty as nothing short of "commanding genius." It was that quality which, in the teeth of red-tape and official opposition, or indifference, converted the barrack hospital at Scutari from pestilential chaos into a well-ordered institution, and laid the seeds of army nursing reform. It was not possible to accomplish such a task without treading on other people's toes and squeezing some of them rather hardly. The great debt which the nation owes Florence Nightingale is that, though an angel to the wounded soldier, she was an implacable fighter of those in authority who were indifferent to the ills which she came out to cure.

When Miss Nightingale volunteered to take out a band of nurses to Scutari, she begged Mr. Sidney Herbert to let it be known that "it was not a lady," who had undertaken the mission, but "a real hospital nurse," who had had "experience." She took a professional stand, and it is not surprising that she discouraged in forcible terms the influx of ladies without nursing experience. Lord Stanmore also takes exception to the strictures passed by Miss Nightingale on some members of her "angel band." But it is scarcely surprising when she had the wounded lying in *four miles* of beds, not eighteen inches apart, that she should be scornfully indignant with nurses so unmindful of the appalling situation as to come to her with complaints that their caps were unbecoming.

It is a matter of history that the civil and medical authorities at Scutari were joined in a conspiracy of silence regarding the state of the hospital. Even *The Times* commissioner was told to use the money subscribed by the charitable at home for the wounded soldiers to build a church at Pera! it being alleged that the money was not needed in the hospital, while at the time the wounded appeared to need everything. Miss Nightingale was about the only person on the spot who was not afraid of consequences if she spoke out.

Through her letters, Mr. Sidney Herbert and the Government at home learned the true state of affairs. It was no use to use faint ink; it needed to be black, if attention was to be aroused. "I have no compassion," she writes, "for the men who would rather see hundreds of lives lost than waive one scruple of the official conscience."

We should be unjust to Lord Stanmore if we implied that he does not recognise Miss Nightingale's noble work and great qualities, but the trend of his criticism seems to be a condemnation of the unflinching spirit with which she attacked official red-tape. It was by so doing that she carried her mission to triumphant success.

NURSING NOTES

The Scotch Local Government Board and the Training of Nurses.

A MOST interesting and instructive document comes to us from the Local Government Board, Edinburgh, dated January 10, 1907. It is a "Memorandum for the guidance of the medical officers of Poor-houses in which probationer nurses are trained."

It begins by stating that no nurse shall be engaged as a probationer whose age is under twenty or over thirty-five, or who does not satisfy the medical officer and lady superintendent that she is of good character, good health, and has received a fair general education.

Applicants will be examined in the following subjects:—

(*a*) Spelling, to be tested by dictation.

(*b*) Handwriting, to be judged from written papers.

(*c*) English, to be tested by easy questions in grammar, and by ability to write a short essay.

(*d*) Arithmetic, including vulgar and decimal fractions, and weights and measures.

This at once establishes a standard of education and does away with the fallacious idea that anyone (the fool of the family) is good enough for a Poor Law nurse.

In the course of the memorandum a most interesting and comprehensive scheme is laid down for the instruction of the nurse during her three years' training, and suitable text-books are recommended. We make the following quotation from this suggested scheme, feeling sure it must be of interest to all nurses. The Board suggests that it should be modified to suit the special requirements of each hospital.

FIRST YEAR.

Lecture.—One hour each week on Elementary Anatomy and Physiology; one hour each week on Medical and Surgical Nursing.

Text-books.—Physiology for Beginners: Foster and Shore (Macmillan, price 2s. 6d.). Elementary Physiology: Murché (Blackie and Son, price 2s.). Elementary Anatomy: Clarke (Blackie and Son, price 5s.). Practical Nursing: Stewart and Cuff (Blackwood and Sons, price 5s. net.). A Complete System of Nursing: Honnor Morten (Dent and Co., price 7s. 6d. net.). General Nursing: Lückes (Kegan Paul, price 2s. 6d.).

SECOND YEAR.

Lecture.—One hour each week on Midwifery; one hour each week on Medical and Surgical Nursing.

Text-books.—A Short Practice of Midwifery for Nurses: Jellet (Churchill, price 6s.). Text-book of Midwifery: Jardine (Kimpton, price 6s.). Obstetric Nursing Haultain and Ferguson (Pentland, price 5s.). Handbook for Attendants on the Insane: Medico-Psychological Association (Baillière, Tindall and Cox, price 2s.).

THIRD YEAR.

Lecture.—One hour each week on Medical and Surgical Nursing; one hour each week on Hygiene and Dietetics.

Text-books.—Practical Domestic Hygiene: Notter and Firth (Longmans, price 2s. 6d.) Hygiene: Wakefield (Blackie and Son, price 2s.).

It is suggested that the lectures should be continued during seven months of the year.

Before granting a certificate of efficiency the Local Government Board will hold an examination, which will include, besides the above subjects, an oral and practical examination.

The practical examination will embrace such work as bed-making, cooking of simple dishes for invalids, arranging instruments and appliances for surgical use, preparing splints and dressings, bandaging, preparing fomentations, poultices, baths, packs, steam tents, enemata, and hypodermic injections, taking temperatures and pulse and respiration rates, testing urines, dressing ulcers and bedsores, and administering medicines.

Certainly the Scotch Local Government Board have spared no pains in thoroughly going into the matter, and with no uncertain voice have laid down their opinion as to what should constitute a nurse's training—a matter on which opinions and standards are at present lamentably at variance. The standard of nursing education laid down in this memorandum is a high one, and should prove a help and stimulus to teachers of nurses, and to nurses themselves all over the country.

The New Superintendent of School Nurses.

We learn that Miss Helen L. Pearse, matron of the Great Northern Central Hospital, has been appointed superintendent of the L.C.C. School Nurses, although the appointment has still to be formally confirmed. This position is entirely a new one, and has been created for the purpose of supervising the thirty-two nurses now at work in the Council schools, and it is likely that the work of the school nurses will develop in importance in this country as it has already done in America. The salary is £200, rising to £300, with travelling expenses.

The superintendent will be required to work under the supervision of the medical officer (education), and her duties will include (1) the general superintendence and oversight of the nurses who visit the schools maintained by the Council, (2) inquiring into cases where difficulties arise with either parents or teachers, (3) arranging nurses' duties in case of illness or absence, or where special attention is needed, and (4) determining cases of exclusion, so as to ensure a uniform standard for all such cases in the various districts, and such other matters as may be required.

Miss Helen L. Pearse began her nursing career at the Sheffield General Hospital (now the Royal), where she trained for a nursing institution, in which she subsequently worked for two years. At the end of this period she entered the nursing school at "Bart.'s," and at the end of her training there was appointed matron of the Lambeth Infirmary. After two years she passed on to the matronship of the North Staffs Infirmary, Hartshill, and in 1905 was appointed to the Great Northern Central Hospital. Miss Pearse is a member of the Matron's Council, of the League of St. Bartholomew's Hospital Nurses, and of the Executive Committee of the Society for the State Registration of Trained Nurses.

International Conference of Nursing.

The International Conference of the Nurses' Councils will be held in Paris in the middle of June, although the date cannot yet be fixed. It will last three days, with a morning sitting from 9 to 12, and an afternoon one from 2 to 4 o'clock. These meetings will be informal; no invitation will be required by those who wish to be present, but it is probable that a small entrance fee will be charged to cover expenses. All nurses will be welcome, and it is not necessary for them to belong to any association or organisation whatever. Doctors as well as those interested in the training of nurses are also assured of the most cordial welcome if they are present at the meetings.

It is rather soon to fix the programme of the conference, or to give the names of those who will read the reports. We believe, however, that the main lines will be as follows:—First day. Subject: Practical Instruction and Training of Nurses; Miss Stewart, Miss Huxley, and Miss Nutting (Johns Hopkins Hospital) will read reports. Supplementary papers will be asked for, and a discussion will be opened on the progress of the practical teaching of nurses. Second day. Subject: Professional Organisation. Under this heading there will be reports from several countries as well as reports from nursing journals on the progress and extension of the Press. Time will be reserved for discussion on the countries where this organisation has only begun.

Third day. Subject: Relation of the nurse to Public Health. Under this heading will be discussed the various modern reforms in hygiene, and in health, in which the nurse has an active part, *e.g.*, the struggle against tuberculosis and infantile mortality; the appointment of nurses in primary schools, &c., nurses in the army service, village nurses, nursing the poor in their homes, &c. (*Bulletin Professionnel des Infirmières et des Gardes-Malades.*)

Health Lectures.

The Marylebone Health Society, which is just starting its third course of lectures, was formed a year ago, chiefly with the idea of aiding the working mothers of the borough in the care and management of their infants, and spreading elementary knowledge as to the prevention of consumption. A number of infants are already under the care of the society's visitors, and a meeting of the babies is to be held in the summer, when prizes will be offered to the most painstaking mothers. A beginning has also been made in giving simple addresses to the mothers in the various parishes. The present excellent course of lectures is as follows:—

Friday, February 1st., "The Effect of Alcohol on Young Animal Life," by W. McAdam Eccles, M.S., F.R.C.S. Friday, February 8th, "The Importance of Mastication," by Harry Campbell, M.D., F.R.C.P. Friday, February 15th, "The School Child," by B. L. Abrahams, M.D., F.R.C.P. Friday, February 22nd, "Some Points in Infectious Fevers," by Sidney Phillips, M.D., F.R.C.P. Friday, March 1st, "The Value of Games in training the Eyes," by N. B. Harman, M.B., F.R.C.S. Friday, March 8th, a discussion on "The Food of the People, its Economic and Physiological Aspects."

All interested are invited to attend, and all communications are to be addressed to the Hon. Secretary of the Lecture Sub-Committee, Miss Prince, 22 Upper Wimpole Street, W.

Nursing in Spain.

An article of the greatest interest, especially to those English pioneers who are trying to organise trained nursing in other countries, will be found in this issue. It is written by a Spanish gentleman who knows the inner history of the movement in his country, and though his account of the defeat of skilled nursing there is depressing, it shows that a beginning has been made, and that from the ashes of Dr. Rubio's defeated plans may rise before long a movement that no prejudice will be able to conquer.

Marylebone Infirmary.

We learn from the *Poor Law Officers' Journal* that at a recent meeting of the Marylebone Guardians deep regret was expressed at the receipt of a communication from Miss Grace A. Ramsden, who has been for twenty-two years matron at the Marylebone Infirmary, resigning her position on the ground that she was losing her sight. Dr. Charles Higgins, late senior Ophthalmic surgeon at Guy's Hospital, forwarded to the Guardians a certificate stating that, in his opinion, the sight of Miss Ramsden's only eye had suffered from the amount of clerical work she had been doing for some years. The Guardians agreed to add, subject to the sanction of the Local Government Board, three years to Miss Ramsden's period of service for superannuation purposes, on account of the accelerating cause of her failing sight, and to grant her a superannuation allowance of £67 per annum.

Auckland Workhouse Difficulties.

Dr. Campbell, speaking as one of the Auckland Board of Guardians, admitted that they were "a set of fools," and we are not inclined to contradict him. It seems that in consequence of the inspector's report the L.G.B. demanded that the superintendent nurse, Miss Bowman, should resign, but she has replied to the Clerk, refusing to do so. The Guardians are evidently afraid to take steps, and have now requested the L.G.B. to give her notice to leave. When this matter is settled, the Guardians hope to establish a regular training school for nurses.

Improvements at Salford.

We are glad to see that active steps have been taken by the Visiting Committee of the Salford Poor Law Hospital as a consequence of the very unfavourable report made on it by the L.G.B. inspectors. Though denying any fault in the drainage, and pointing out that the rate of sickness among the nurses was 3·47 per cent. (not 10 per cent. as stated), the Committee has appointed a Sub-Committee to visit other infirmaries and report, and a resident senior medical officer.

People in India are helping Lady Minto's Nursing Fund with a will. A huge *fête* has just been organised in Calcutta, and we hear that the proceeds of the "lucky bag" alone are £3,000.

MEDICAL NOTES

Cancer of the Tongue.

THE causation of cancer of the tongue has been the subject of much discussion recently at the Academy of Medicine in Paris, and some interesting views have been expressed. The balance of authoritative opinion at present seems to favour the idea that there is some obscure connection between tongue-cancer, syphilis, and smoking. Professor Poirier has even gone so far as to say that cancer of the tongue is the special appurtenance of syphilitic smokers. Persons who are merely smokers rarely exhibit tongue cancer, nor are those often sufferers who are merely syphilitic, but when a person is both a syphilitic and a smoker, then everything necessary for the development of a cancer appears to be present. This is not the only reason, however, for regarding the habit of smoking as specially undesirable for syphilitics, since some elaborate statistics published some little time ago by two French observers showed that smoking had a tendency to keep syphilitic buccal lesions in an actively infective condition, long after the disease, so far as other symptoms go, was apparently cured. Evidence was adduced that when women are infected after marriage by husbands who have had syphilis, but who believe themselves to be cured, the commonest source of the mischief was some unrecognised mucous patch in the mouth of a smoking husband. This has led Fournier, a great authority on the subject, to declare that it is the duty of any man who has had syphilis, and contemplates marriage, believing himself to be cured, to give up smoking altogether.

Sprains.

In a recent issue of the *British Medical Journal*, Sir William Bennett has dealt with the treatment of sprains in the light of knowledge acquired since X-rays came into use. He divides them into four classes: simple sprain without swelling (the injury commonly known as strain); simple sprain with swelling; sprain complicating a fracture; and sprains accompanied by injuries to nerves. He would have all cases of sprain examined by X-rays to make certain that there is no bone injury, and special care taken to ascertain whether there is any indication of a nerve lesion, such as numbness in the limb below the sprain. Such lesions, frequently overlooked, are the commonest cause of persistent trouble from a sprain.

Simple sprain without swelling he would have treated by strapping, early massage, and finally passive movements. In simple sprains with swelling he is opposed to the use of the ice-bag, greatly preferring very hot fomentations; when swelling ceases to increase he applies firm pressure with an open web bandage such as *crêpe velpeau*, discountenancing elastic bandages altogether. As soon as the swelling begins to lessen, massage and passive movements are indicated. Very early massage is specially desirable when a nerve lesion exists. Unless there is fracture he approves of voluntary movement from the beginning in all cases, provided any pain caused is not persistent. In fracture-sprains the bone lesion must first be treated, but massage and passive movements practised so soon as they are possible without disturbing union.

Serum Treatment of Dysentery.

Telegrams in the daily journals announce that "details of a highly important discovery of a new antitoxin treatment for dysentery were given by Dr. Doen, an army surgeon, at the recent Vienna meeting of the Imperial Medical Society. Dr. Doen, in conjunction with Professor Kraus, has been engaged for several years in sero-therapeutic research, and has at last succeeded in infecting rabbits with the particular form of dysentery bacillus which was discovered by Shiga and Kruse. From this source Dr. Doen and Professor Kraus obtained their new serum. Their experimental treatment of soldiers of the garrison of Cracow in 1904 proved highly successful, as have also their later experiments in Bosnia and Roumania. It is expected that the new serum will also be valuable as a prophylactic."

THE MEDICAL JOURNALS

BRITISH MEDICAL JOURNAL, January 26th (429 Strand, W.C. Price 6d.; postage ½d.).

A Clinical Lecture on Some Common Errors in the Diet and General Hygiene of Children. By A. F. Voelcker, M.D., F.R.C.P.

Remarks on Post-partum Hæmorrhage. By John F. le Page, M.D.

Notes on the Treatment of Myoma of the Uterus. By J. Furneaux Jordan, M.B., F.R.C.S.

On the Cause of Acute Illness Supervening during Menstruation. By Thomas Holmes, M.S., M.D.

The Influence of an Excessive Meat Diet on Fertility and Lactation. By B. P. Watson, M.D., F.R.C.S.E.

The Food Factor in the Twentieth Century. By George J. Sealy, M.D.

Multiple Myeloma. By J. R. Charles, M.D.; and Harold H. Sanguinetti, M.B.

A Case of Scurvy Occurring in a Diabetic. By W. E. Jones, M.R.C.S., L.R.C.P.

Neglected Constipation and Pericolic Inflammation. By Harold Walker, F.R.C.S. The Incubation of Scarlet Fever. By E. Lynn Jenkins, M.B., B.S. Pupura and Calcium Chloride. By W. B. Russell, M.B.Cantab.

THE LANCET, January 26th (423 Strand, W.C. Price 7d.; postage ½d.).

A Clinical Lecture on Erythema Nodosum and Rheumatism. By J. Odery Symes, M.D., D.P.H., M.R.C.S., L.R.C.P.

X-Rays in the Treatment of Carcinoma and Sarcoma. By Chisholm Williams, F.R.C.S.

On a New Test for Sugar. By H. J. H. Fenton, Sc.D., F.R.S.

Observations on the Induction of Auto-vaccination in Tuberculosis and other Chronic Glandular Infections by the X-Rays (as revealed by the Opsonic Chart of the former). By H. D. McCulloch, M.B., C.M.

Tracheotomy in Slight Respiratory Obstruction associated with Febrile Toxæmia. By A. O. Bisson, M.R.C.S., L.R.C.P.

Note on a Case of Infection during the Puerperium simulating Psoas Abscess. By William Ayres, B.A., M.D. A Case of Raynaud's Disease. By John Reid, M.D.

THE STRUGGLE FOR TRAINED NURSES IN SPAIN

(By a Spanish Correspondent.)

THIS article is only a review of the present state of nursing matters in Spain, but it is written impartially, and the information in it I was fortunate enough to obtain from Colonel de Ferretti, who is thoroughly conversant with the great movement to introduce into Spain nurses trained and certificated in the English way. This bold movement (bold in a country where nuns have hitherto done all the nursing) was started by Dr. Pederico Rubio, one of the famous doctors who helped to raise Spain to a higher level of progress than ever before attained. Dr. Rubio was one of the *élite* of the nation, and for that very reason he never figured among those who made a business of politics, though his political opinions were sound, and made for progress. He endeavoured, as far as a private individual can do, to raise the people to a higher level.

Throughout the whole of Spain there were until recently no trained nurses, although there had been great discussions on the subject. Nursing was done chiefly by the religious sisters of St. Vincent de Paul, and it is beyond doubt that they and other religious communities rendered great service, both in the Spanish hospitals and in watching by the bedside of sick people at home. Those wounded in wars or in sanguinary civil struggles always received great comfort and attention from those sisterhoods, who did little practical nursing as it is understood in England, but alleviated the terrible moments of pain with the declaration of a divine compensation for these sufferings. We, however, are not concerned with this aspect of the case, or with this kind of relief. We are speaking of nurses who have made a special study of disease, and have received exact instruction in taking care of the sick, making up the prescriptions and carrying out the orders of the doctors.

Of such nurses Spain knew nothing, and she had done nothing to obtain an institution of nurses till some years ago, when Dr. Rubio founded with his own money a hospital and institution for the practical training of nurses. The hospital still exists, for, after the death of the founder, his daughter, a very intelligent lady, ably carried on her father's work. Madame sol Rubio de Garcia del Buxto voluntarily used her inheritance to endow several beds for the poor in the institution founded by her indefatigable father, whose whole life was devoted to his work, and who died at the age of 80.

In spite of the failure of his plans, of which I am about to speak, Madame del Buxto must have felt great satisfaction at the recent unveiling of a monument which the town of Madrid has dedicated to the founder of this school of nursing, the first of its kind to be started in Spain. All the members of the Royal family were present at the ceremony. King Alphonso himself unveiled the statue, and his young Queen was warmly greeted by all those present.

But the death of Dr. Rubio has for the present decided adversely the fate of trained nurses in Spain. The doctor had an English model in his mind when he founded this institution, which was to open a future to Spanish women by giving them a new field of work in a country where young women, unless they be of the poorest class, have no easy and convenient means of earning a living, and often, when orphaned and without prospects, take the veil through despair. Having seen in England great nursing institutions, where the daughters of very good families were being trained, some afterwards marrying, others obtaining good positions, Dr. Rubio attempted to change the rigid etiquette that surrounds a young Spanish girl. He certainly, little by little, broke through some of the traditions of the middle class, and of the aristocracy, by making them understand the dignity of the profession of a nurse.

He wisely chose as his representative on the administration of the institute a very intelligent man, M. Marco, an accomplished student and *littérateur*, well fitted to carry out on broad lines all the scope of Dr. Rubio's plans. But the death of the founder brought misfortune on the institution, and although so far as the hospital is concerned all continues to go well, one cannot say the same of the school for nurses.

The will of the founder established a committee of Madrid ladies at the head of the Rubio Institute, which is the name of this magnificent building, standing on a small hill in one of the finest and most airy situations of the town, and one of these ladies is his distinguished daughter, Madame del Buxto. But the nursing school immediately aroused the jealousy of the sisters of St. Vincent de Paul, who were anxious to retain that place by the bedside of the sick of which they would soon have been deprived by properly trained nurses. Battle was declared, underhand influences were brought into action, and Madame del Buxto perceived, with grief for the memory of her father, that the triumph would be with the nuns, and that young Spanish girls would lose one of the most useful careers open to women of other countries. The director of the institute was a doctor, and he took the part of the nuns, whose cause also touched the religious sympathies of the committee of ladies more strongly than did that of the lay nurses, because in Spain, as Colonel de Ferretti tells us, devout people, unfortunately, confound religion with the worldly influence of the Church, which retains hold, when possible, of secular institutions, hoping, perhaps, to make converts in this way. Colonel de Ferretti is himself a Catholic, and a nephew of Pope Pius IX., but he believes that nothing does more harm to religion and nothing leads more directly to religious indifference, than to see the clergy interfere in secular affairs.

The director began to work against the administration and the nurses. The clever daughter of Dr. Rubio foresaw all the inevitable consequences and fully understood that henceforth they would

not succeed in realising the dreams of her father. He had endeavoured to replace good women, who acted by intuition and gave spiritual help only, by women trained like doctors in skilled nursing of the sick of both sexes. The essential aim of the nurse, in his opinion, was certainly not to save the soul of the patient, or to make a convert to religion, but to *restore the health of the sufferer.*

Of all the ladies of the committee only two carried out conscientiously their true responsibility which was to represent the founder and to further the object he had in view in founding the school. The clerical influence interfered among the other ladies, and triumphed because in Spain women do not yet know that the true way to be grateful to God for the benefit of intelligence which he has given them is to bring this intelligence into activity, instead of subordinating it to some other, either a priest, a husband, or a friend. Colonel Ferretti mentions a curious example of this want of self-reliance by which the priests obtained 30,000 signatures of ladies against the discussion in the Chamber of Deputies of the Law of the Associations. The Colonel explained to several ladies the true aim of the Bill, and then, at a "five o'clock tea," they all declared their repentance for having signed, but said that the demand to sign had come from a priest, and they dared not believe that a priest could demand anything unjust. However, when they were shown that before signing they ought to have investigated the matter, they regretted their action, and applauded several ladies who at another meeting had refused their signatures because their husbands had taken the trouble to explain the terms and the aim of the Bill. The aim of the Training Institute for Nurses, as was explained to them too late, was to create a class superior in usefulness to the sisters of St. Vincent de Paul, and also to open for Spanish women in general a means of earning their living worthily, or of devoting themselves to the service of humanity without taking any religious vows.

The administrator, M. Marco, was driven from the institute, and the sisters of St. Vincent de Paul replaced the nurses of the Rubio Institute. Not a trained nurse is left in Spain, and yet Madrid has a splendid monument in honour of the learned founder, and the King, the Queen, and all the Royal family have just given a most gracious welcome to the daughter of Dr. Rubio, heaping praises on her for her own generosity and for the laudable work of her father. This royal acknowledgment has been greatly appreciated by the people, for Dr. Rubio all his life was a republican, and we can only hope that, with an English princess on the throne, Spain will one day carry out the work that this enlightened doctor attempted, so far, in vain.

We try to make the women safe in the home and keep them there; to make the world safe for women and children has not occurred to us.—*Charlotte Perkins Gilman.*

THE OTHER SIDE

By a Superannuated Superintendent.

Part I.

After resigning my post as sister of a surgical ward in order to become housekeeping pupil in the same institution, my heart sank within me, and I began to regret the step I had taken. The candid remarks of my fellow ward sisters did not tend to raise my drooping spirits.

"What possessed you to do it?" said Sister A., when I appeared at the breakfast table and announced my recent decision. "Fancy giving up good surgical work," she added, "in order to grub about in the basement."

"You will never get the ward again," remarked Sister B., "there are twenty waiting to jump at it."

"I am quite aware of that," I answered, in a melancholy voice; "but I aim at a matron's post in the future, and housekeeping knowledge 'is the stepping stone by which I intend to rise to higher things.'"

"The R.M.O. declares *that* all rubbish," interpolated Sister B. "He says that *any* woman can order dinners, but that a good surgical sister like you is not to be found in a hurry."

During this conversation the home sister had been dispensing tea and coffee in silence. "Any woman can order dinners, can she?" she exclaimed indignantly. "I find it a far harder task to satisfy the residents in the dining-room than the surgeons in the operating theatre." Then turning to me, she continued, "I hear from matron that you are coming on duty to-morrow. Please be down at 6.30 a.m. to check the maids in the servants' hall," and gathering up a pile of letters, and a formidable looking bunch of keys, she vanished from the room.

"What does she mean?" I gasped, as the door closed behind her. "Six-thirty to *check* the maids! How I wish I had never resigned my ward!"

The next morning, however, saw me punctually in the servants' hall, where I stood, mark-book in hand, whilst the maids filed into breakfast.

Two of the number were missing, and taking it for granted that my next duty on hand was to hunt up the truants, I scaled four flights of stairs to the region of the servants' dormitory.

On my way I encountered the night sister, who had already checked the servants at prayers.

"Sister C.'s wardmaid is either ill or shamming," she said. "Go and see her at once and report to home sister. Sister C. will make such a fuss if no stop-gap is sent. You see, it is her surgeon's day."

I laughed as I ran up the last flight, for, until the previous day, I had been in Sister C.'s shoes, and what a fuss I should have made at the non-appearance of my wardmaid on operation morning.

I now felt my sympathies veering round in the direction of the home sister, who must supply,

côute qui côute, a wardmaid of some kind before breakfast time.

I inspected the invalid, and then called to mind the second delinquent missing from the breakfast-table. She was fast asleep in her cubicle, having returned to her bed after attending chapel in her nightgown under a print dress and apron.

I gave her a hasty shake, for the breakfast-bell was ringing, and I was due with the second roll-call in the nurses' dining-room.

Here the same little drama was repeated. Two nurses were absent from their seats, and, as soon as grace had been said, I toiled up fresh flights of stairs, in another direction, and took the temperature of one nurse, who felt too ill to get up, and routed out of bed another who had overslept herself.

I found home sister in her office at work on diet sheets, and after listening to my report she told me to look over and check bills until breakfast-time.

"How do you like it?" said lively Sister B. when I appeared, tired and hungry, in the dining-room.

"I've no time to tell you how I like it," I answered, and before I had finished my meal I was requested by home sister to look after the sick nurses' breakfasts. "But," added she, "mind that the stimulant boxes are ready for me sharp at 8.50."

The breakfasts were despatched to the respective invalids, and 8.50 a.m. found me in the storeroom, arranging bottles and stimulant-books on the table, and, while sister dispensed brandy and port wine, I placed eggs and various other extras in the boxes.

Half an hour of this work revealed to me many things that until now had been hidden from my perception. Careless Sister A. had sent no bottle for her brandy; untidy Sister B.'s bottles were there, but no labels to distinguish brandy from sherry, and I could not help thinking that the oversight might lead to mistakes in the ward before the day was over. Sister D.'s dirty wardmaid had sent her bottles down unwashed, and the stimulant-box was conspicuous by its absence. What had been my omissions in the past, I reflected, as I mounted the stairs for the third time that morning, to interview the sisters, and report the misdoings of their faulty wardmaids.

"Hurry up!" called out home sister when she passed me on my return journey, "matron is expecting you in the office."

"What for?" cried I, but sister had already vanished in the direction of the kitchens. Matron received me with a kind smile. "You look rather hot and worried," she remarked, and then proceeded to dictate, or check off, the answers to a bundle of letters that lay on her desk.

"These must be answered by three o'clock," she said; "bring them to the office at that hour," and I was dismissed.

I descended to the storeroom, but sister gave orders that the sick nurses must be attended to before stores, and that their rooms must be ready for the doctor's visit.

"The wardmaids will come at eleven o'clock for their tea, sugar, and butter," she informed me, "and the kitchen people at 11.30 for their daily stores. You will find that I have written out the quantities due to each maid, and," she added with emphasis, "mind! you are responsible for the beer."

My head was in a whirl, and I am afraid the sick nurses made a somewhat hasty toilette that morning.

I hurried back to the storeroom, but was detained on the stairs by sundry sisters who waylaid me on the landings with various grievances.

"There were no eggs in my stimulant box this morning," said one.

"You didn't order any," I answered snappishly, and flew past the ward door.

"But I sent the wardmaid after you, and she couldn't find you! And she has never come back," she added, plaintively.

But I hurried on, alas! from Scylla into Charybdis, for on the next landing I encountered Sister C., who wanted to know at what hour the stop-gap wardmaid intended making her appearance, also the why and wherefore of her "Pro." being off duty, and, to wind up, she required veal broth *immediately* for a newly-admitted marasmic baby!

"But all this is home sister's business," I reminded her.

"Yes! yes! I daresay it is," she answered, "but do be good-natured and find her for me! You see, I am so busy!"

"So busy," I echoed, as I wended my way to the lower regions; "how they do worry, these ward sisters!"

"And did you never worry in the past?" whispered conscience in my ear.

Life was a scramble between the hours of 11 and 12 o'clock.

Tea and sugar had to be weighed out for the wards, butter to be made up into respectable-looking pats of accurate proportions, and beer to be drawn, measured, and delivered into the custody of the maids responsible for the dining-halls.

Home sister looked in occasionally and gave directions: cut down my tendency to over-liberality in weights and measurements, and at 12 o'clock informed me that I must go to the kitchen and send up the ward dinners, she being required by the R.M.O., who was waiting to visit the invalid nurses.

(To be continued.)

Do not idly stand awaiting
  For some greater work to do,
Fortune is a lazy goddess,
  She will never come to you.
Go and toil in any vineyard,
  Do not fear to do and dare,
If you want a field of labour,
  You can find it anywhere.

HOSPITALS AND NURSING INSTITUTIONS IN NATAL.

By C. J. Wood.

DURBAN, though it is not the seat of government, which is at Maritzburg, or Pietermaritzburg, is the largest town in Natal, and has the largest hospital in the Colony. It has 250 beds, divided into medical and surgical wards for coloured and white patients, and there is also a special ward for male patients, who are nursed by male attendants. The hospital forms three sides of a square, it stands close to the sea, and has verandahs on both sides of the building, which are a great relief to the wards, as the patients' beds are placed there night and day, in suitable weather and for suitable cases. There is also another feature which appears to be common to all hospitals in South Africa, and that is the private ward for the reception of the middle-class patient, who pays at the rate of 12s. 6d. per day for his nursing and maintenance, and who is attended by the doctor of his choice. In this hospital there are also wards of two or three beds, for which the payment is less. This is a great boon in a country in which there are many men who have practically no home, and certainly no relative or friend who has either the time or skill to nurse them when sick. It was sad hearing that there were still in the hospital one or two relics of the war, the nature of whose injuries seemed likely to condemn them to perpetual helplessness in a strange land, for during the South African war this hospital received a large number of the wounded.

It is the custom in all Colonial hospitals to charge all patients a small sum for their maintenance according to their means, but this rule is entirely relaxed when the patient is in a destitute condition, because these hospitals are the only places for the treatment of the sick, excepting infectious cases. For the same reason there is a chronic ward, where male cases of infirmity, helplessness, and senility are placed, and provision is made by the matron for attending to them, as they are not considered to require skilled nursing.

The Durban hospital is entirely under Government, and, in consequence, is suffering from the conditions of financial depression through which the Colony is passing; it is under a resident medical officer, the matron, Miss Cawley (trained at the London Hospital) having control of the nursing department in consultation with him. As a result of Government control, the hospital is not up to date in its equipment; the matron and her staff do their best with the limited amount of material allowed, but it is rather like making bricks without straw, and that the results are so good, as shown by the medical report, must be due to the skill of the medical department, seconded by the efforts of the nursing staff. The hospital loses by not having the stimulus of public opinion brought to bear upon it, which is the result of having a body of subscribers interested in its concerns, who can make their influence felt through their representatives on the board of management. The operating theatre, which is lacking in all appliances for modern surgery, with the exception of the table and two glass stands, would under other control have been superseded by a modern structure mounted with its labour-saving machinery, and equipped in accordance with the present requirements of the surgeon. The building would receive the necessary decorative repairs which will add up to a much larger figure if not attended to, and the linen store would be maintained on such a scale as to admit of meeting all the needs of the hospital without the perpetual delay that results from an insufficient supply.

It seems hardly right to the training school to offer a curriculum and then to carry it on in a hospital that is imperfectly equipped; it is apt to encourage a low standard among the pupils. It may, however, have the advantage of throwing the probationer on her own resources, and teaching her how to improvise her appliances. The nurses live in the Nurses' Home within the precincts, but apart from the hospital.

There is a private nursing institution in Durban and a maternity home and private nursing staff, and one or more nursing homes. There is a certain difficulty in keeping up the supply of private nurses, as the hospitals cannot train all that are required, and those that have not been trained in the Colony do not readily accommodate themselves to the different conditions of life and service that they find in the homes of their patients. But, at the present time, there is no employment for nurses, as the financial depression in South Africa has reacted seriously against private nurses, and the nursing institutions are discharging instead of engaging them.

The cottage hospitals which are springing up over the Colony are confronted with the same problems of nursing as are those in the old country; the fully-trained nurse finds the work dull and uninteresting, and the probationer is not sufficiently equipped to meet all emergencies, or to be an efficient aid to the matron. These conditions point to some scheme of affiliation with the large hospitals, which might be responsible for the nursing of a group of cottage hospitals, to which the third year probationer might be sent, and thus have an opportunity of learning management and facing responsibility.

There is yet another problem in the working of the cottage hospital, and that is the suspicion with which at present they are regarded by the class for whose benefit they are intended; they stand empty. It seems as if the advantages of skilled nursing require to be brought to the homes of the poor before they will be ready to avail themselves of the cottage hospital, and here is the need for nursing on the lines of the district nurse at home. Would it not be possible to make the cottage hospital a dispensary, and the nurse attached to it a visiting nurse? At the Indian Mission, which has a sphere of work outside Durban in an Indian village, and to which a small

hospital is attached, this difficulty has arisen, and it appears that the work for the nurse will in the future lie more in visiting in the huts of the Indians than in nursing in the hospital. To those who seek to reach the native and the Indian, English experience shows that there is no agent to compare with the district nurse for getting in touch with the class for whose benefit she works, or for bringing civilisation into the homes where it is wanting. The Indian Mission is surrounded by Indians, who are quite ready to receive such nursing aid as the mission offers, but they will not come into the hospital, and the employment of a district nurse would accustom them to the benefits of skilled nursing. There is surely a future for the district nurse in S. Africa, in those centres where the population congregates.

OUR MIRACLE

At the time of which I write, I was the night staff of a surgical ward, and one night always stands out from the others when I went on duty and found screens around a bed I had left empty that morning. Instinctively I knew it held the most serious case. The day nurse gave me the report before going off duty, and said, "Sister will tell you about little 22—she is a 'run over,' not long been brought in."

I made a quick survey of the ward, saw to one or two of the other patients, gave a word of greeting here, a drink there, then went to bed 22, where I saw a pathetic little figure, the typical pinched face and straggling locks of a wee street Arab—once full of fun and frolic, now apparently lifeless. Sister told me the surgeons were coming again later to see if there was any change, but that they thought the child was too collapsed, and would not linger through the night.

Having given my one probationer some work to do in the other division of the ward, I took sister's place beside the bed and waited—watching for the least flickering movement, the smallest sign of returning life.

The surgeons came at 11 p.m., but, after a brief and gentle examination of the poor little body and limbs, decided that an operation would only hasten the end, and could do no good. The house surgeon gave some orders as to compresses, chart, &c., went the round of the other beds, and departed, saying: "If I'm wanted again, will you send, though I'm afraid that nothing can be done." At midnight the father and mother of the new patient arrived—"They had been told Lottie had been brought there; what was the matter?" I explained to them that the child had been run over by a motor-car, was still unconscious, and as yet the extent of the injuries was not known. All night they sat and watched patiently, but half dazed, as if they did not quite realise what had happened.

Each hour I changed the compresses, wrung out in carbolic 1 in 60, which covered the deep and dirty wounds on side and limbs; each hour I charted the temperature and respiration—there was no pulse to be felt.

So we went on; each evening I expected to see the bed empty, but was glad to see that Lottie was still there. Three nights passed and the morning broke. I took the 6 a.m. temperature, but still no pulse, so judge of my unspeakable joy, when, just before the day nurses came on duty, I felt a slight flickering pulsation in little Lottie's wrist. I was almost too excited to speak. I felt inclined to answer back each "Good morning" from the now arriving day nurses, with, "Lottie has a pulse," instead of the orthodox greeting.

From that day onward Lottie became very gradually better. The wounds healed up slowly, after days and nights of continuous care. That the abdominal injuries were great was shown in the hæmorrhage in the urine—pointing to the damage of one kidney at least; that both were injured was manifest when some days later complete casts of the ureter were passed within two hours of each other. In time the hæmorrhage stopped, the external wounds were healed, and by dint of careful and constant feeding some slight colour crept back to the pale face, and recovery began.

In slow stages, convalescence was reached, but not till after some terrible nights of suffering—when the little body writhed in agony—when the little brain was obscured in delirium, and the restless limbs tossed incessantly. One night I remember I gave her a large doll to have in bed beside her. It was evidently the first of its kind and size the waif had ever had; the brown eyes gleamed with surprise as she beheld it, and shone with that mother love which comes naturally to most children, as she took it in her arms, and fell asleep. Soon, however, in her restless delirium, the poor doll was dashed to the ground and broken. At last Lottie was able to sit up, then to be dressed and wheeled about, and finally to run all over the ward, the pet and joy of all. Our little "Miracle" some called her—and truly it seemed a miracle that six weeks before, this laughing, bright-eyed child should have been run over and almost at death's door, and, after all, Life should come out victor.

I speculate much on the existence of unmarried and never to be married women nowadays; and I have already got to the point of considering that there is no more respectable character on this earth than an unmarried woman, who makes her own way through life quietly, perseveringly, without support of husband or brother.—*Charlotte Brontë.*

Emancipate girls, recognise the fact that they share the senses, perceptions, feelings, reasoning powers, emotions of boys, and that the mind of the average girl is less different from that of the average boy than the mind of one boy is from that of another.—*Huxley.*

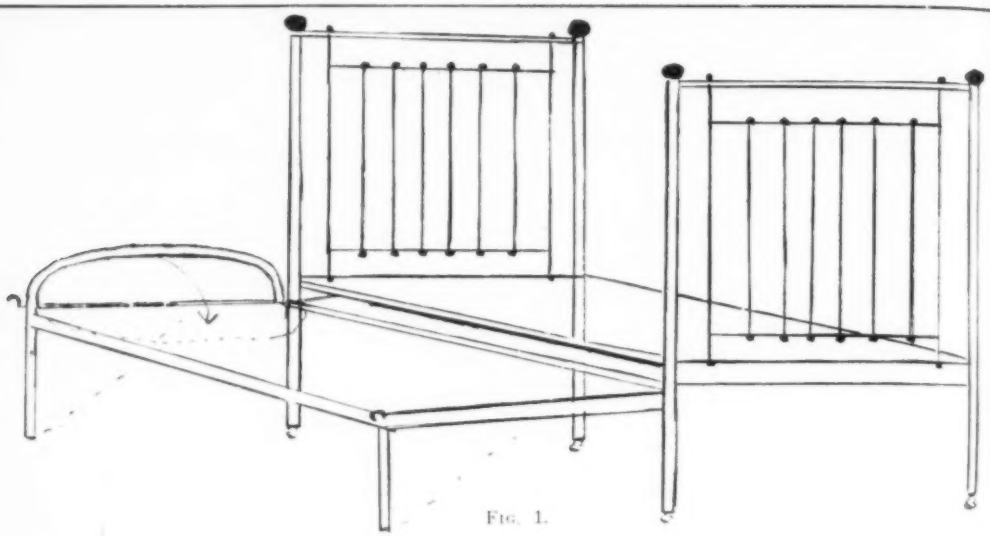

FIG. 1.

AN EXPANDING BEDSTEAD

ACCORDING to the last report of the late City coroner, Mr. Braxton Hicks, no fewer than 16,000 babies are suffocated, overlain, or die as a result of overcrowded bedrooms, in England every year. Owing to the high rents charged in towns, many families live in one room, and often share one bedstead, and even among artisans in regular work, the expense and space of two beds is so often considered a luxury that infant tragedies are only too frequent. But even when there is no occasion for an inquest, a great deal of physical harm is often done to a child by such overcrowding. There are *countless houses* in London where from four to eight people are crowded in a room—possessing one bedstead. These extensions, which can be brought out in the cheapest iron makes, should be a great boon at small additional cost.

Such facts are familiar to all nurses who work among the poor, and they will be especially interested in an expanding bedstead, invented and patented by a woman, which, if it is brought out by some enterprising manufacturer, seems to us likely to solve in part this problem of infant massacre, and in all probability lessen the alarming number of cripples.

Mrs. Gravenor-Wrigley, of the Church House, Spitalfields, sends us the following description of her invention:—

No. 1 is a practical arrangement, three bedsteads practically occupying the space of one. In sickness a patient can be moved without discom-

FIG. 2.

fort from one to the other by the nurse. No. 2 shows another method, head and feet folding, and the whole extension running underneath the bed. In each case the folding cot can be affixed to the foot or side of bedstead, and by letting one end down on its foot-rest, makes a cot of similar length to the bedstead, and long enough for a big child.

The Gravenor-Wrigley Extension is so simply arranged that any bedsteads already in use can have the "Extension" added.

It is for its utility in preventing the overlying of children, and its practical use in the sick-room, that we are particularly interested in this invention, but it seems likely to prove popular in other circumstances—in suddenly overcrowded workhouses, in boarding-houses and hotels during the holiday season, and especially in small flats, where ordinarily every inch of room must be considered.

It is hardly necessary to point out the advantage of being able at night time to pull out the extension and use it; while in the day it would be invisible, and take up no room. Lying-in hospitals, some of which still keep mother and infant in one bed, should be interested in this clever idea.

Our Paris nursing contemporary *Le Bulletin Professionnel des Infirmières et des Gardes-Malades* intends to widen its scope, and offers readers each month reviews of new general literature, and short sketches of social movements, not only in France but in other countries. It considers that "it is undesirable to see women occupying themselves with politics," but it would wish them to "take part in the social life of their country."

PROGRESS IN FEVER NURSING

An extremely interesting departure from the old well-worn paths of nursing infectious diseases has now been inaugurated at the South-Western Fever Hospital at Stockwell, since January 1st of this year. Two of the ordinary long wards have recently been transformed into glass cubicles, eighteen in each ward, the whole going by the name of Block D. To each of these cubicles is allotted ample floor space, *i.e.*, 175 sq. ft. per bed, and the walls of the cubicles are formed entirely of glass and iron, painted white, the sides seven feet in height, with a short swing door in front. Thus the nurse can command at a glance the entire ward as easily as an ordinary one. Each cubicle is fitted up with a bed (or cot), a locker of the newest and most aseptic make (in white enamel with glass top), one chair, and a small hand-basin with a spray nozzle over it, through which the water, at exactly the temperature required, is made to run by pressing on a pedal with the foot. Inside the locker is kept the patient's own brush and comb, throat and ear syringe, and spatula. All implements are sterilised after use, even plates, mugs, knives and forks, &c. There are three gowns made of holland hanging up in each cubicle, to be worn by doctor and nurses whilst in attendance on the patient. Needless to say that after touching a case both doctors and nurses cleanse their hands under the spray before leaving the cubicle. So far there has been no time for the accumulation of statistics, but it is Dr. Caiger's opinion that very favourable results are likely to be attained by this method of isolation, and that it will tend to minimise both labour and expense, as hitherto many cases isolated

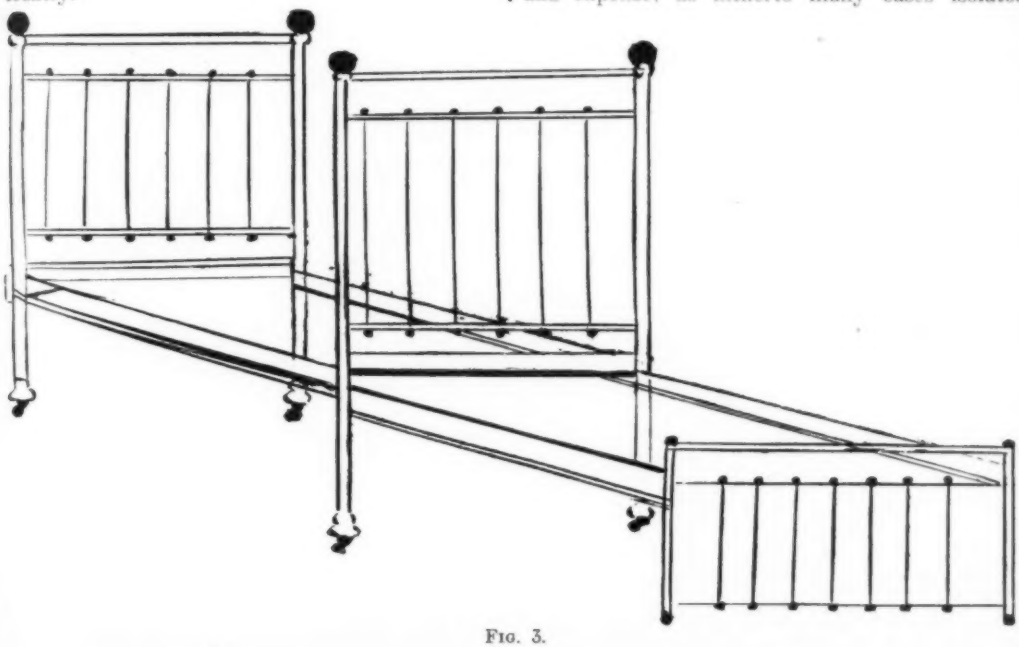

Fig. 3.

in separate rooms have necessitated two nurses, one by night and one by day to each case, whereas now one nurse with two, or at most three assistants, can easily manage the eighteen beds, and at present one sister or charge nurse, as they are called in fever hospitals, is responsible for the whole block of thirty-six beds.

Dr. Caiger does not consider it advisable to treat very highly infectious cases in these wards, since, after all, the walls of the cubicles do not come up to the ceilings, as in the Pasteur Hospital in Paris, and the air is used more or less in common. The same principle has been tried at the North-Eastern Fever Hospital at Tottenham for some time, but there the cubicles are of wood with a glass window in each, and, though better than nothing, are not nearly so well adapted for the purpose as the glass ones. As Dr. Caiger observed, the success of the system depends almost entirely on the nurses, the doctors being practically in their hands, as the smallest carelessness or want of attention to aseptic precautions may nullify the whole thing. This brings us to the consideration of the nursing aspect of the experiment.

A little chat with Miss R. H. Davey, the charge nurse at present responsible for Block D, revealed the fact that Dr. Caiger is fortunate in his selection of a keenly interested nurse, who has thrown herself most enthusiastically into the trial of an experiment entailing a great deal of extra work and responsibility. Miss Davey was trained at the General Infirmary at Cardiff, and has worked for six years under Dr. Caiger himself. She realises to the full the importance of this bit of pioneer work, and is most anxious to follow faithfully his minutest directions, and see that her nurses do the same. With regard to actual detail, the nursing is arranged on somewhat different lines from a general fever ward. Each nurse is responsible for so many cases, and in the early morning washes her patients, makes the beds, and gives the bed-pan, &c., finishing one case right off before going to the next, instead of having rounds for washing, bed-making, and bed-pans, as is usual. Obviously this is desirable, or the nurse would be for ever putting on and taking off her gown.

Having finished the patient, each nurse dusts and cleans the cubicle, the wardmaid only doing the floors. The dusting is done with damp carbolised dusters. She then removes her gown, hanging it up in the cubicle, and washes her hands before going on to the next. Very strict attention is paid to linen, towels, &c., and if the case is a septic one, a clean gown is used every day, but only twice a week in ordinary cases. All utensils are scalded after use, and all plates, cups, &c., are washed up by the wardmaid, then put in the big steriliser in the kitchen, the nurses being responsible for their sterilisation, and subsequently removing and drying them. These duties, which do not usually fall to the nurse, make a great deal of work, to say nothing of the amount of glass and brasswork to be kept bright. The most casual observer could not fail to be impressed with the smart appearance of the block, and the trained nursing mind realises to the full the work needed to keep it at so beautiful a pitch.

Besides the charge nurse there are first and second assistants, with a relieving nurse reserved for this particular work. The charge nurse's off-duty time is taken in two half-days a week instead of one whole day, whilst the junior nurses have one whole day each. At night there is a first assistant on each floor, with a runner between the two if necessary. A very acute or delirious patient would need specials, as it would be impossible for the one nurse to manage. In time it is hoped that all the nurses will be drafted through this ward, so that the whole staff may obtain an insight into the new methods, the results of which we shall follow with interest.

WOMAN'S WIDER WORLD

THE experiment of the London Education Committee to provide girls with practical instruction in trade subjects has had such satisfactory results that the number of subjects is to be increased. Dressmaking, upholstery, waistcoat-making, the cutting-out and making of ready-made clothing were the original classes. The new ones suggested include corset-making, ladies' tailoring, and laundry work. Each class is to contain fifteen students, nine scholarship holders, and six paying pupils.

* * * * * *

JUVENILE delinquents are not in any sense real criminals, said the Home Secretary recently, replying to a deputation on the subject, and a child's career should not be spoilt by giving prominence to the crime. He was entirely in sympathy with the idea of remand homes where it was possible to have them, and of children's courts, and he would gladly see street trading by girls under sixteen prohibited altogether. He hoped to introduce the Probation Officers' Bill into Parliament next Session, and some of these officers he thought ought to be women.

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THE £25 travelling scholarship for proficiency in modern languages offered by the Education Committee of the London Chamber of Commerce has again been awarded to a lady, Miss Beatrice Oppenheimer, a result which curiously enough has led to the suggestion that the competition should in future be restricted to men. Surely merit, and not sex, is the main point.

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IN memory of the late Miss Mary Bateson, the historical writer, a library is to be started by the Cambridge Women's Liberal Association. It will be called the Bateson Library.

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THE suffrage demonstration which is to take place on February 9th promises to be one of the most representative of its kind. Not only the

"THE LANCET" on

Van Houten's Cocoa.

"In an analysis which we have made, the "results distinctly indicate the advantage of "VAN HOUTEN'S PROCESS of manu- "facture. Thus this Cocoa yields a maximum "proportion of the valuable food constituents of "the bean, and what is of more importance still, "these are presented in a condition more easy "of assimilation and digestion than in Cocoa "not so prepared."

——— ———, Glamorganshire, May 6th, 1905.

A Case of HIP JOINT DISEASE.

"Sirs,—In reply to yours of yesterday I put the child suffering from hip joint disease on SCOTT'S EMULSION for six weeks. During this time she was in bed and extension was applied to the leg. At the end of the six weeks she was sent out of the hospital with a perfectly straight leg, and had gained nearly 8 lbs. in weight. I am much obliged to you, and feel satisfied the Emulsion was a great factor in the treatment of the case."

——— ———, M.B., C.M., L.M. Coombe Hosp. Dub.

16 oz. Bottle, with formula, free to any physician, surgeon, or nurse desiring to test SCOTT'S EMULSION. SCOTT & BOWNE, LTD., 10 and 11, Stonecutter Street, Ludgate Circus, London, E.C.

Central Society for Women's Suffrage, the National Union of Women's Suffrage Societies, and the Women's Northern Franchise Demonstration Committee, but the Women's Liberal Federation and the National British Women's Temperance Association will send contingents. The procession will march from Hyde Park Corner *viâ* Piccadilly, Pall Mall, and the Strand to Exeter Hall, where Mr. Walter McLaren will preside, and Lord Courtney of Penwith, Mr. Israel Zangwill, and Dr. Whitehead, F.R.S., will be among the speakers. Carriages and motor-cars will be allowed to follow the procession, in which it is hoped that all sympathisers will join. The meeting-place is the band stand, Hyde Park, at 2 o'clock.

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ANOTHER large and influential body of women workers has given its support to the demand for votes. The Association of University Women Teachers almost unanimously (only six dissentients), resolved "That the Association do join in the plea for the Parliamentary enfranchisement of women in the same terms as men."

* * * * * *

IT is a great pity that those who really have women's suffrage at heart should go so far as to refuse anything short of adult suffrage, a measure which would completely revolutionise the electoral constitution of the country. All that the Women's Suffrage Societies demand is that women who are rate- and tax-payers should also be parliamentary voters. There is always a danger that in asking for much one gets nothing, and it is most regrettable that such a large majority voted at the Belfast Labour Conference in favour of adult suffrage as against the moderate demand for the removal of the sex disqualification. This vote drew from Mr. Keir Hardie, our staunch friend, the following words:—"The Labour Party is largely my own child, and I cannot part from it lightly or without pain. But at the same time I cannot sever myself from the principles I hold. If it is necessary for me to separate myself from what has been my life's work, I do so in order to remove the stigma resting upon our wives, mothers, and sisters of being accounted unfit for political citizenship."

MRS. GRACE NEILL, who for more than ten years has held the position of Assistant Inspector of Hospitals and Asylums in New Zealand, has retired. She has been the chief mover in obtaining registration for nurses and midwives in that country, and two years ago, in co-operation with the late Mr. Seddon, inaugurated State maternity hospitals for the wives of working men. Mrs. Neill has been a true friend to nurses in New Zealand, and not only by them, but by all charitable institutions throughout the Colony she will be greatly missed.

A NOBLE FRENCH NURSE

MADEMOISELLE MARGUERITE BOTTARD, the *doyenne* of French nurses, who died recently at the Hospital of the Salpêtrière, of which she was the honorary superintendent, had been the recipient of many public honours during her long nursing career. Besides being the possessor of a gold medal for hospital service, an Academy officer, and a knight of the Legion of Honour, she had been awarded the Monthyon prize by the French Academy, and the Society for the Encouragement of Good Deeds had awarded her with its gold medal, and all these distinctions were fully justified by a life of abnegation and devotion.

Mlle. Bottard entered the Salpêtrière in 1841 at the age of nineteen, receiving ten francs a month. She worked throughout the dreadful cholera epidemic which followed some years later, but losing in it those dearest to her, she devoted her life to the care of the suffering. In 1852 she took up the nursing of mental cases, and in 1882 she was general superintendent in Dr. Charcot's clinic for nervous diseases. At a *fête* in honour of her jubilee at the hospital, a gold medal representing Charity was presented to her by M. Félix Voisin and Professor Charcot, and at another *fête* on her nomination to the Legion of Honour, the Prefect of the Seine, the Director of the Administration, and several other public men spoke of her great services. Mlle. Bottard was buried with military honours, and the professors, doctors, students, and representatives of the nursing staff were present, and at the cemetery M. Mesureur, Administrator of Public Assistance, and Professor Raymond both gave addresses. The service, said M. Mesureur, does not only lose one of its most devoted helpers, but it loses the perfect model of the lay nurse. "Ladies," he continued, "let Mlle. Bottard serve you as an example. Remember that if you ought to neglect nothing to increase your professional value, you ought especially to set yourselves to acquire the moral qualities which will allow you to fulfil your mission with that dignity and modesty which make it loved and respected by all. Mlle. Bottard has shown you by her life the aim to be attained. The greatest homage to pay her is to keep it ever in your mind. When we open the new nursing school at the Salpêtrière, we shall place beside the portrait of the great man who founded the Hospital, Vincent de Paul, the portrait of Mlle. Bottard."

Mlle. Bottard had had no high educational or social advantages, but she possessed what all the diplomas in the world cannot confer—kindness of heart, great pity for those who suffer, and infinite delicacy and tact. She knew only her duty, and never spoke of her rights.

HELPLESS women should be forgiven much that they do in their desperate battle with circumstance.—*Gertrude Atherton.*

FIRE AT A FEVER HOSPITAL

As is too often the case when dealing with matters professional, the lay papers have been sensational rather than accurate in their version of the outbreak of fire on Saturday last at the Edmonton and Enfield Isolation Hospital at Winchmore Hill. The fire did take place, and although the ward was not actually burnt down to the ground, it was absolutely gutted, the glass melted, and everything in it twisted and burnt. It would have been an absolute impossibility for the nursing staff to have "put out" the fire "all by themselves," or, as stated in most of the accounts, "by the matron, single-handed." The nursing staff did behave with the most praiseworthy coolness and pluck, which reflects the highest credit on them all, from Miss Eardley, the matron, down to the lowest wardmaid. The matron, however, is much distressed at the flamboyant accounts of her own personal coolness and courage, and seized the opportunity of telling our representative how delighted she was with "the magnificent conduct of my staff, both night and day, my stoker, who behaved most gallantly, and the prompt assistance of the adjacent Northern Fever Hospital fire brigade, to which *alone* is due the credit of the absolute extinguishing of the flames." It seems that the fire broke out in one of the blocks filled with eighteen convalescent children, from three to eight years of age. At 8.30 the night sister had made her round, and seen that all was right. At 9.45 Nurse East, who was night nurse in charge of the ward, suddenly noticed a burning smell, and upon investigation found the small bath-room adjoining the ward in flames. She saw at once that it was hopeless to try and put it out herself, and, seizing two of her small charges in her arms, instantly ran across to the opposite block, and summoned the night sister, Miss Whittle, who was giving a nasal feed at the time. Miss Whittle promptly sent a wardmaid to call the matron, and she and Nurse Kemp and Nurse East at once set about removing the rest of the children, who, far from being frightened, seemed to think the fire a special entertainment got up for their benefit, after which night sister began throwing pails of water on the fire. The matron, Miss Eardley, was summoned at 9.40, and although in bed and asleep at the time, was on the scene by 9.45, accompanied by Miss Crumpston, the day sister, having hastily put on a dressing-gown and shawl over her head. By this time help was pouring in from every quarter. The drilled fire brigade belonging to the Northern Fever Hospital was on the spot in less than eight minutes after the call, having had to scale a wall and bring the heavy apparatus over it too, and had subdued the flames by the time the four local brigades arrived on the scene. The entire day and night nursing staff quietly set about removing small patients to the typhoid ward, which luckily was empty, and ready for use, except that beds had to be made up, fires lit, &c. Miss Morgan, the matron of the Northern, hearing the alarm, came over to see if she could be of any assistance, and gave the most cordial sympathy and help, for which Miss Eardley expressed herself as most deeply grateful. One fortunate nurse, being a hearty sleeper, slept serenely through the uproar, and only woke to hear her matron suggesting that coffee should be got ready for the day staff in the ward kitchen. Miss Eardley herself is far from strong, and fears were entertained by many that her heart would suffer from so severe a shock. Again, to quote Miss Eardley's own words, however, "Once I heard that all the patients were quite safe, and that there were any number of willing helpers to rescue as much as might be of the property, I did not worry any further, but gave myself up to seeing one after another the people calling for the matron." Apparently this quite collected attitude was imitated by all the nurses, since the secretary, who had driven up immediately on hearing the alarm, remarked to a friend, "Oh, I don't think there can be much the matter; the nurses seem so quiet and collected."

Although the ward was insured to some extent, it is feared the insurance will hardly cover the damage done. This, however, is as yet unassessed. Since no tale is quite complete without its moral, we may add that we consider better provision should have been made in case of fire; had the hospital been dependent only upon the local brigades it would have fared worse with them. However, every cloud having its silver lining, this catastrophe may result in a necessary provision for the future on the sound principle of the horse and the stable door.

ANOTHER SERIOUS FIRE

A SERIOUS fire broke out at the St. Marylebone Infirmary on Tuesday, the 29th ult., during the morning, and but for the splendid conduct of the nurses might have ended disastrously. The fire originated in the steward's office in a manner not yet known. The nurses poured out of the theatre in their theatre overalls, and demonstrated to the complete satisfaction of Miss Ramsden, the matron, that their lessons in fire drill had not been wasted. By their combined and strenuous efforts the fire was extinguished, and no one hurt. A considerable amount of damage has taken place, but is, we understand, covered by insurance. Miss Ramsden spoke most warmly in praise of her nurses' behaviour all through; they went to work in a quiet, methodical way, without fuss or alarm.

POOR LAW NURSES

IN discussing the frequent resignations of Union Infirmary nurses, one of the Newcastle Guardians states that marriage and the desire for a more varied training are the two chief causes. He adds some remarks of interest:

"There must be some discipline, and the least sign on the part of the superintendents to insist on an observance of the laws of the House is the signal for protests and the consequent resignations.

"For instance, if a nurse is two hours late in returning from leave, and the superintendent nurse expostulates with her, the fat is in the fire at once. What rather accentuates the difficulty is that there is a dearth of nurses, and they are pretty certain of a fresh start.

"Or sometimes a nurse has a visitor who remains too long, and when approached she at once gets on her dignity. You can thoroughly understand what a problem it is to keep thirty or forty young ladies contented in their situations when they are all imbued with a spirit of independence in the knowledge that their services will be immediately requested from some other institution.

"To a certain extent I blame some of the Guardians. If a nurse sends in her resignation she will probably pour the whole story of her grievance into the ears of a Guardian, who raises the case at the next meeting.

"A short discussion takes place, and probably the nurse is asked to withdraw her resignation. She does it, and the whole establishment learns of her moral victory, with the result that probably shortly afterwards another adopts the same attitude."

THE Central London Ophthalmic Hospital has, we understand, no intention of supporting any amalgamation scheme; with the recent legacy, if it is unconditional, a sum of about £9,300 will be available, and when £3,000 more has been collected, it is likely that active steps will be taken towards re-building on a new site. The new pathological, bacteriological, and X-ray laboratories of this hospital are now fully equipped for carrying on the work of the hospital. It is further proposed that they shall be open to students for research work in connection with the pathology of the eye. Classes with lantern demonstrations have been arranged to begin in February. Special attention will be paid to the histology of the eye and to the more recent work on opsonins. The hospital affords ample material for the proper carrying on of research work in these subjects.

THE sudden death is just announced, at the age of 71, of Sir Michael Foster, K.C.B., formerly Professor of Physiology at Cambridge, and known all over the scientific world for his "Text-book of Physiology" and other works. His latest book, "Simple Lessons on Health for the Young," we reviewed last year.

TUBERCULOSIS

"TUBERCULOSIS, the Great White Plague," was the title of a lecture given by Dr. McWeeney to the Irish Nurses' Association in Dublin on Tuesday last week. The lecturer drew attention to the appalling fact that the death-rate from phthisis, though rapidly decreasing in England and Scotland, is on the increase in Ireland. While elaborate precautions are being taken against the spread of other infectious diseases in the way of inoculation, isolation, and disinfection, practically nothing is being done to stay the ravages of the great white plague. Until the community can be made to realise that this is a highly infectious and, to a certain extent, preventable disease, this state of things is not likely to be much improved.

In his opinion by far the most susceptible subjects to infection are young children, the ordinarily healthy adult being practically immune. He emphatically condemned the practice of allowing children to live in the same house with phthisical people, and, owing to the absence of more stringent measures in the way of dairy inspection against danger arising from tuberculous cows, he recommended that all milk given to children should be boiled. He advocated the careful instruction of the patients themselves in the usual precautions to be taken against infecting others through careless expectorating or coughing, the latter, he considers, being a grave and not always realised danger; the atmosphere in front of the patient becoming charged, after a fit of coughing, with minute particles of infected moisture, which are liable to remain suspended in the air for a considerable time. With regard to cure, he was very hopeful, provided the disease was treated in its very early stages, the three chief remedies being fresh air, complete mental rest, and plenty of nourishing food.

There were several excellent limelight photographs bearing on the subject, and Dr. McWeeney brought a very powerful microscope, through which he showed a specimen of infected sputum the healthy part being coloured blue, and the tuberculosis germs showing bright scarlet, the specimen having been subjected to Koch's experiment of locating the germ by means of colouring matter.

In thanking the lecturer, Miss Kelly, matron of Dr. Steevens's Hospital, spoke of the great power of combating the evil, which lay, not only with hospitals, but with each individual nurse She hoped that dairy inspection reforms for Ireland would not be long in coming.

Before the lecture a short business meeting was held, when Miss Kelly drew the attention of the members to the petition which was in circulation for signatures to be presented to the Prime Minister on behalf of the Society for the State Registration of Trained Nurses.

Miss Huxley then read the petition, after which the following resolution, proposed by Mrs. Kildare Tracey, vice-president, seconded by Mrs. Manning, was put to the meeting and passed unanimously:—"That this meeting of the Irish Nurses' Association heartily supports the petition to be presented to the Prime Minister, urging the Government to introduce a Bill for the State registration of trained nurses into the House of Commons next session, and pledges itself to do all in its power to support the petition." Copies of the petition to be signed are in the reading-room of the Association, 86 Lower Leeson Street.

THE TREATMENT OF MILK

THE best substitute for mother's milk in infant feeding is still a point on which there is much difference of opinion, and Miss Limont, at a meeting of the Marylebone Health Society, condemned the practice of sterilising milk in unqualified terms. Milk bacteria, she said, could be divided into three groups, and the usual methods of dealing with these were (1) merely bringing to the boil in a saucepan, which she called "grannie-boiled," (2) pasteurising, (3) sterilising; but not even the last treatment, which was supposed to be the most effective, was sufficient to kill the No. 3 group of bacteria (the group that caused summer diarrhœa), and, by killing Nos. 1 and 2 groups, it gave No. 3 a better chance to thrive. She mentioned a new treatment, which, she thought, would revolutionise feeding with cow's milk, viz., the Budde treatment. A very weak solution of peroxide of hydrogen is added to the strained milk, and the mixture is then slightly heated for a couple of hours, during which time the peroxide of hydrogen evaporates and all bacteria and spores are completely destroyed.

The other side of the question was not well represented, but the general opinion of the meeting seemed to be against Miss Limont's view, and that, seeing the long intervals between the milk deliveries in London and the dangers to which the milk was exposed from dust and other germs both in houses and during transit, it was wiser to continue advising mothers to boil the milk. Miss Limont, however, said that when she found a baby thriving on boiled milk she never proposed any change; only when it was ailing did she advise non-boiled milk and, what often had very excellent results, a further dilution of the milk given to the infant.

Several ladies wished to know what to do when condensed milk was prescribed by the doctor. Dr. Pritchard, who presided, said that the unsweetened brands, such as the Ideal and one or two others, were preferable, that dust germs were best excluded by merely boring a small hole in the lid of the tin instead of cutting it right open, and that bacteria did not flourish in condensed milk until warm water had been added to it; but this mixture should never be left exposed.

ST. THOMAS'S HOSPITAL NURSES' CONVERSAZIONE

THE Central Hall and corridors of St. Thomas's Hospital were transformed into a vast reception room on Friday night for the Nurses' Conversazione. Many forms of entertainment were offered to the large company. The Royal Artillery Band played for the promenaders in the hall and corridors, where bright evening dresses, nurses' uniforms, and the red capes of Army sisters moving about among the palms and brilliant hangings made a lively picture. Many visitors were attracted to an exhibition of the manufacture of Doulton ware and of glass-blowing. Palmists were there for those who cared to look into the future, and the bioscope presented some very amusing sketches. At the same time music, theatricals, and conjuring drew many of the nurses and their friends to the Governor's Hall, the performance here opening with the Brompton Hospital Toy Symphony. Miss Margaret Cooper gave two songs from her repertoire, Madame Bertha Moore and Mr. Ernest Denny gave some very clever acting, and Dr. Byrd Page a very amusing exhibition of card tricks and sleight of hand.

RED CROSS CONFERENCE

THE quinquennial International Conference of Red Cross Societies will be held this year in London from June 10th to 14th. Earl Roberts will act as president, and the business proceedings will be held in the Examination Hall, Victoria Embankment. Provided a sufficient number of exhibits are entered an exhibition of appliances in connection with Red Cross work will be held at the same time as the conference. The "Empress Marie Féodorovna Prizes" will be awarded by an international jury for the best inventions tending to lessen the sufferings of sick and wounded soldiers. There are three prizes, which will be given out of a sum arising from the interest on an investment of 100,000 roubles, the total amount available for them being about £2,000. As many of our readers have had experience in all the details of military hospitals, their co-operation ought to be very valuable to the organisers.

IN our own day we are beginning, though vaguely, to foresee this new social poetry, which will soothe the suffering soul by teaching it to rise towards God through Humanity.—*Mazzini.*

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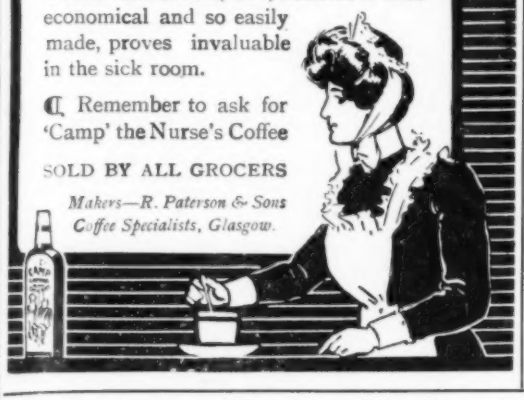

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HYGIENIC TEACHING IN SCHOOLS

AN important deputation, largely composed of well-known members of the medical profession, recently waited on Mr. Birrell to request his favourable consideration of a memorandum on the subject of hygiene and temperance, which had been presented by the committee of the medical profession, formed in 1903, for the furtherance of the teaching of this subject in public elementary schools. The three chief points mentioned in the memorandum were: (1) The recasting of the general science teaching, so that the principles of hygiene and temperance can be embodied in the curriculum without constituting a new subject; (2) the teaching of hygiene and temperance in all training colleges and to all student teachers; (3) the inclusion of hygiene and temperance among the subjects concerning which the inspectors must report.

Speaking on behalf of the committee of the medical profession for the furthering of the teaching of hygiene and temperance, Sir Victor Horsley said the deputation were anxious that the scheme of general science teaching should be recast in order that hygiene and temperance should be introduced without themselves constituting a new subject.

Sir Thomas Barlow considered it imperative that the teachers themselves should be taught, so that they should have a thorough grounding, not only in the principles of physiology, but also to enable them to instruct the children under them.

Dr. Langley Browne also urged that the subjects should be made compulsory for teachers.

Prof. Clifford Allbutt and Dr. G. A. Heron, speaking on behalf of the International Association for the Prevention of Tuberculosis, said, in England alone there died per annum from tuberculosis 50,000 people, and the association were convinced that education in elementary hygiene in our training colleges would materially help to prevent the continuance of the disease. This teaching should be given at the outset by specially trained medical practitioners. A course of ten or twelve lessons of an hour each would enable a teacher to impart to his scholars, by both example and precept, how much could be done to preserve health and prevent disease.

Mr. Birrell gave a carefully-worded reply, in which, though cordially agreeing with the benefits which would result from the children under his department being thoroughly instructed in hygiene and temperance, nevertheless, he gave no word of hope to cheer the deputation. He supposed all would agree that if our elementary education system could be utilised for implanting in the minds of children and of their parents principles of health and temperance, it would be impossible to exaggerate the benefits that would result therefrom, but there was not a parent in the country who did not think he knew as much about health and temperance as most doctors, and they had some support for that view in the fact that it could not be said that the medical profession was agreed on all phases of the subject.

This non-agreement of the members of the medical profession as to the way in which subjects should be handled was thus used by Mr. Birrell as a prop on which to hang his arguments, and he insisted that this subject could not be dealt with in the same authoritative way as might be the case with an ordinary academic subject, on account of the various opinions held even by members of the deputation then before him.

Though there may be no practical outcome from this deputation to Mr. Birrell, yet such movements are bound to be of value, as they arouse public interest in this all-important question and pave the way for future legislation when the time is ripe.

THE TRAINING OF MIDWIVES

AT the quarterly meeting of the Warwickshire Education Committee the Secondary and Technical Committee reported upon the following request of the County Council:—

"To consider the possibility of founding scholarships, or of providing in other ways for carrying out the important work of the education and training of suitable women to fill the vacancies in the number of midwives to satisfactorily supply the want of the county."

The report pointed out that under the working of the Midwives Act there is likely to be a deficiency of midwives, especially in the rural districts, and that the training of midwives cannot legally be charged upon any other fund at the disposal of the County Council except the higher education fund. The committee thought that a grant should be made for the purpose, but considered that it was not desirable for the administration of the grant to be under the control of the Education Committee. They recommended that a sum of £150 be appropriated on the higher education estimates for the year 1907-8 for the training of midwives, and that the County Council be informed that the committee would be glad if this sum be expended under the direction of their Sanitary Committee.

BANGOR UNION INFIRMARY

THE medical officer of Bangor Workhouse Infirmary has issued a report on the disgraceful state of the institution, which he describes as insanitary and uncomfortable. There seems to be no method in the wards, as tea is made at all hours, and "there is always some washing and drying of bits of rags going on in the wards." Rat and other holes afford receptacles for accumulating dirt, stale food, expectorated material, and other things, regular forcing beds for germs of every description. The majority of cases are chronic rheumatism and tuberculosis. The bedclothes are in many instances patchy, old, and of very poor material. The supply of clean clothes is very inadequate. There are no means of escape from the upstairs male or female wards or from the nursery wards in case of fire. It is to be hoped that immediate steps will be taken in the matter.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

HER MAJESTY QUEEN ALEXANDRA has been graciously pleased to approve the appointment of the following to be "Queen's Nurses" to date January 1st, 1907:—England and Wales: A. A. Alder, B. C. Hosking, St. Olave's; M. H. Bevis, Birmingham (Newhall Street); M. E. Crouch, Blackburn; G. Addenbrooke, S. E. Lebart, F. Sims, F. M. Stead, Metropolitan Nursing Association; E. Denby, I. Randall, Brighton; G. E. Burgess, Camberwell; M. M. Crowe, M. Stephenson, Cardiff; K. M. Bladen, superintendent at Cheltenham at date of affiliation; M. A. S. Edwards, A. J. Godby, E. J. Hall, K. E. G. Taylor, E. A. M. Walters, M. A. Wilkinson, E. Williams, working at Cheltenham at date of affiliation; K. A. Cooper, L. F. Touch, East London (Southern Division); J. Duffy, East London (Stepney Division); A. Powell, Gloucester; E. M. Barlow, Hull; L. L. Eskell, M. Thorp, Kensington; F. A. Gibbons, Leeds (Holbeck Home); R. Oates, M. E. Saunders, G. Lewis-Jones, H. Elsworth, E. Richardson, A. Duckworth, H. Harrison, Liverpool; A. M. G. Ferguson, Manchester; M. J. Halkett, M. M. Hughes, L. G. Ogden, Portsmouth; M. Evans, St. Helen's; A. M. Goodman, E. Sutton, Salford; M. E. Hughes, G. Trotter, Shoreditch; E. M. Haynes, Southampton; N. V. Stewart, Sunderland. Scotland: J. Douglas, Dundee; M. W. Arnot, E. F. Beck, F. Cameron, E. Cox, E. Davidson, M. Douglas, B. M. Harvey, J. Maclean, A. McGregor, A. S. McMillan, A. Mercer, C. C. Trotter, Scottish District Training Home, Edinburgh. Ireland: G. Coughlan, L. Geatens, E. Hogan, E. Kennelly, St. Lawrence's Home, Dublin; A. McG. Campbell, St. Patrick's Home, Dublin.

Transfers and Appointments.—Miss H. Court, superintendent, Coventry D.N. Association; Miss A. Aldridge to Darlington; Miss C. Bennett to Three Towns; Miss M. A. Harrod to Highcliffe (temporary); Miss M. E. Jacocks to Heanor, Miss J. Kennett to Dartmouth; Miss N. Lloyd to Wykeham, from Manchester (Harpurhey Home); Miss F. Moore to Orielton, from Pontyclun; Miss S. Parry to Portmadoc; Miss M. H. Spalding to Pontyclun.

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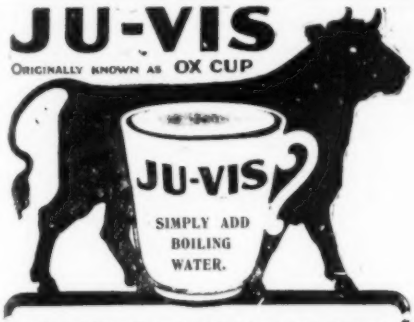

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OXYGEN FOR MEDICAL PURPOSES

IT is a well-known fact, and one which is of special interest to nurses, that oxygen can be put to many uses in the treatment of disease, *e.g.*, it is used in severe cases of pneumonia, in cases of bronchitis and emphysema complicated by heart failure, in some cases of anæmia, in cases of advanced heart disease, and even for the treatment of chronic ulcer of the leg. It is a remedy the need for which generally arises suddenly to meet a sudden emergency. Up to the present the difficulty has been to get it when needed. In large towns it can, of course, be obtained easily in cylinders filled with the compressed gas, but in the country and in the colonies it is a different matter. This difficulty in obtaining it in out-of-the-way places seems to have been overcome by means of a preparation patented by Messrs. Siebe, Gorman, and Co., of 187 Westminster Bridge Road, London, and called oxylithe. This substance was originally discovered in France, and has been in use for some years in submarine work and mines; now it has been adopted for medical purposes. The oxylithe is sold in hard, flat cakes packed in air-tight tin boxes; in the presence of water it decomposes, and oxygen is given off freely, leaving a caustic soda residue. The cakes need to be kept dry, protected from the air, and handled carefully, not with wet fingers, or a burn may result. Messrs. Siebe and Gorman have invented a special apparatus for collecting the oxygen as it is given off, and conveying it to the patient; this consists of an outer cylinder made either in glass or enamelled iron—the former is the cheaper, but on the other hand it is liable to break, or at least to get chipped in course of using. Inside this cylinder a central tube (enamelled) carries a perforated chamber, into which the oxylithe cakes are placed. The apparatus is fitted with a metal top furnished with a stop-cock; from this passes an indiarubber tube which conveys the gas either to the patient, or, better, to an india-rubber bag, in which it can be stored and administered as required. To use the apparatus the outer cylinder is filled about half full of water or less, according to the amount of gas required, the inner tube is removed and charged with oxylithe cakes and then replaced, the metal top is packed with absorbent wool to take up any moisture which may be produced; no oxygen is produced until the stop-cock in the metal top is turned because the water does not reach the oxylithe until then; as soon as the tap is turned the oxygen comes off briskly, but the action ceases when the top is turned off again, so that there is no over-production. If the charge is not exhausted at the first time of using it will last probably about four or five days, but on the whole it is better to use the whole charge and store the oxygen in bags. The apparatus stands firmly, and would not be easily knocked over; at the same time, were it knocked over, the results would be disastrous to any linen or other material about, for the solution remaining behind consists, as before said, of a caustic alkali.

Another form of apparatus is the oxylithe first aid apparatus, which is meant for use in emergencies, such as cases of drowning, or of poisoning, or of suffocation. It consists of a strong, neat box, containing a collapsible pail, boxes of instantaneous oxylithe, wash-bottle, rubber tubing, &c. In this form the oxylithe is arranged in such a manner that the oxygen is given off as the water reaches the lower part. The bottom of the box is perforated by a drawing pin, connected with the wash-bottle by tubing, and placed in a pail of water. The wash-bottle is absolutely necessary in this case, because a certain amount of liquid may be carried over with the gas. The whole charge must be used with this apparatus, but any excess of oxygen over and above what is required can be collected and stored in a bag.

Now, as to the cost, the apparatus in glass costs 30s., in enamelled iron £2 5s. The oxylithe cakes cost 2s. 6d. a pound; a pound is equal to ten cakes, which would produce 2½–3 cubic feet of oxygen, so that the average cost of a cubic foot of oxygen is about ninepence. The ordinary compressed cylinders of oxygen cost about threepence a foot, but against this must be reckoned the difficulty of procuring it in outlying places, the expense of the carriage, the inevitable waste in screwing and unscrewing the cylinder, and the inconvenient size and weight of the apparatus.

Another new preparation shown us by this firm is a white antiseptic powder, called perborol, which is odourless and almost tasteless; in solution, too, it is almost neutral or faintly alkaline, and is practically an oxygenated boric lotion. The water used for making a solution of it should be, if possible, boiled or distilled, as otherwise a slight cloudiness due to the formation of a precipitate may be produced.

A DESERVING CASE

AN instance of the practical utility of our Christmas distribution was brought to our notice by the matron of the Bloomsbury Square Metropolitan D.N.A. A warm sleeping-jacket, provided by one of our readers, was handed to an old woman of eighty who suffers from a growth on the side of the head, and not only lives alone in her tiny room, but keeps it spotlessly clean and saves every farthing she possesses so as not to have to "go into the 'ouse, my dear." Such really deserving cases as these come under the personal knowledge of district nurses every day, and countless are the tales of poverty and want, most bravely contended with, that they could tell were there but time in busy lives like theirs to talk.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

Postings and Transfers.—Sisters: Miss M. L. Harris, to Military Hospital, Devonport, from Trooping Duty, ss. *Plassy;* Miss E. H. Hordley, to Military Hospital, Portsmouth, from South Africa; Miss K. Pearse, to Military Hospital, Pretoria, S.A., from Military Hospital, Standerton; Miss A. A. Wilson, to Military Hospital, Middelburg, Cape Colony, S.A., from Military Hospital, Wynberg. Staff Nurses: Miss E. G. Barrett, to the Queen Alexandra Military Hospital, Millbank, London, from Military Hospital, Portsmouth; Miss K. Roscoe, to Egypt, from Royal Victoria Hospital, Netley; Miss H. M. E. Macartney, to Egypt, from Royal Herbert Hospital, Woolwich.

ROYAL MATERNITY CHARITY

THE results of the work of 1906 show that 2,651 cases were undertaken by 28 nurses. Of 2,700 infants born only 43 died; among the mothers there were eight deaths, and stillbirths numbered 80. The results work out thus: Rate of mortality, mothers, 3·017 per 1,000; average per midwife, ·107 per 1,000; rate of mortality, infants, 15·925 per 1,000; average per midwife, ·568 per 1,000; a very creditable average, especially when it is remembered that these cases are all of the very poorest.

NEWS ITEMS

NURSES HORROCKS AND STANLEY, of the BUXTON DISTRICT NURSING ASSOCIATION, paid 5,642 visits last year, and gained a very hearty vote of thanks from their committee at the recent annual meeting for the way in which they had carried out their arduous duties. We regret to learn that, financially, the association does not flourish, but it is to be hoped that the further publicity of this excellent work will bring in increased subscriptions, without which it is feared that the work cannot be continued.

AN urgent appeal has been circulated in the Press on behalf of the FAKENHAM NURSES' HOME. This home was started some thirty-three years ago to supply fully-trained nurses to poor patients in their own homes. Numbers of cases have been nursed back to health by the staff, and in all ways the home has been a boon to this small agricultural district. We learn from the appeal that unless £700 is contributed within a month the work must be curtailed, a situation which Miss Hammond, who has so long been connected with the home, greatly deplores.

A very delightful entertainment took place last week at the Mile End Infirmary, consisting of a series of *tableaux vivants*, in which the nurses posed to depict various historical scenes, with very realistic effect. The entertainment, which had been previously given at Christmas time to the inmates, proved an even greater success on its repetition, and everyone concerned deserves the highest praise.

In connection with a recent inquest, it was stated that, with the exception of the District Nursing Society, of the twenty women who practised midwifery in Gloucester, only one had any qualifications beyond the fact that she was practising in July, 1901—prior to the passing of the Midwives Act.

Two delightful entertainments have just been given at the St. George's-in-the-East Infirmary. The first was a concert, given by the nurses to the patients, in which programme the routine of songs and recitations was varied with violin solos, tableaux, and costume dances. Sisters Hinson, Noble, Lloyd, Morgan, Ogg, and Levington, and Nurses Broadhurst, Cragg, Luckhurst, Fitzgerald, Guest, Boyden, Fearnley, Owen, Cross, A. Lloyd, Spindler, Cole, Spong, Bell, Pike, Garwood, Garden, Donald, Harvey, Cleavely, Burman, Wrightson, Bond, Hultgren, Williams, Earnshaw, and Bong all combined in a variety of items which were received with most enthusiastic applause by the audience. Miss Wesley, the matron, had a busy evening in her dual capacity of stage-manager and call-boy, in which she was ably assisted by Mrs. Penny, the assistant matron, as curtain-raiser. The following night the programme was equally varied, and the sisters and nurses who took part in it were members of the Guild of Honour, and the entertainment was arranged for the benefit of their fellow-workers. Each member appeared in a fancy dress representing a song or a flower, and the programme was varied with songs, dances, and a most amusing selection of waxworks. Among the audience was the matron and her assistant, who had given up their arduous duties of the night before for a more enjoyable and restful evening.

Sister Edith, of the Baptist Deaconess Home, London, has taken up work as nurse in the Carey district, near Reading.

Swedish massage has been taught at the National Hospital for the past two years, and the position which is advertised is for a successor to the present teacher, who is leaving to be married.

The Fountain Fever Hospital seems to be quietly "shutting down." A report to this effect some time ago was denied, but the hospital seems to have very few patients, and the nurses are, we believe, being lent to the Grove Hospital as needed.

The first annual report of the Ballymoney District Nursing Association shows that Nurse Cross is not afraid of hard work. During the year she has paid 2,957 visits, and gained most satisfactory reports both from Miss Lamont and Miss Bacon when they visited her district in their official capacity as superintendents.

During the past three months seven nurses have completed their training in the Scottish Branch of the Q.V.J.I.N., and they have since been engaged by local committees at Kingskettle, Lochbuie, Inverness, Blackwood, Elgin, Anstruther, and Crieff. Three new branches were formed locally at Kingskettle, Blackwood, and Glenboig, and were affiliated to the Institute. During the three months 1,547 cases were nursed in Edinburgh from the Training Home at 29 Castle Terrace, and 25,345 nursing visits were paid.

The Orthopædic Hospital in Upper Merrion-street, Dublin, was *en fête* last Thursday week, when, by the kindness of Mrs. Michael Gunn, the small patients had their annual Christmas treat. Miss Shelley and her nursing staff had a busy time seeing after everyone's wants, and the excellence of the entertainment was much enhanced by these indefatigable "helping hands" wherever they were needed.

The work of the Queen's Nurses' Association in Darlington has this year established a record in the number of visits paid by the nurses, which is very gratifying to all concerned. In one month alone the number was 2,122, this being the largest number ever nursed in one month since the association was formed. Owing to the generosity of a member of the committee a fifth nurse has been secured, and her services have been of the greatest value in assisting the staff.

The reports read at the annual meeting of the Darwen District Nursing Association show that the year's work has been unusually satisfactory. A larger and more convenient house has been secured for the nurses' residence, and a generous and unexpected gift of £200 has enabled the committee to pay off the cost of the alterations to this house. It is a regrettable fact that in connection with the collections from mills and workshops for the Nursing Association only £26 was given this year.

The work of the Londonderry District Nursing Society increased so much during the past year that it was found necessary to engage an extra nurse, despite the fact that Miss Murphy, the indefatigable superintendent, visited a very large number of cases herself, in addition to her ordinary duties. The number of cases undertaken in 1906 was 1,442, and 27,365 visits were paid, a clear proof of how acceptable the nurses' services are both to the doctors and patients.

Under the patronage of their Excellencies the Lord Lieutenant, K.T., and the Countess of Aberdeen, and the Rt. Hon. the Lord Chancellor of Ireland and Lady Walker, a concert will be given, in aid of Sir Patrick Dun's Hospital, Dublin, in the Examination Hall, Trinity College (by kind permission of the Provost and Fellows) on Thursday afternoon, February 7th, at 3.30 p.m. The concert has been organised by Madame Cosslett Heller, conductress of the Irish Ladies' Choir, which had such a successful tour in America last year. The vocal items on the programme will be supplied by members of the choir, and the instrumentalists will be Miss Madge Murphy (violinist), pupil of Sevcik, Miss Macdonald, harpist, from the Guildhall School of Music, Mr. Clyde Twelvetrees, violoncello, and Miss D. Bewley, and Mr. Oulton at the piano. All these artistes are most generously giving their services, and it is hoped that the concert will be a huge success, as the hospital is very badly in need of funds.

At a concert, held in St. Lawrence's Home for District Nurses in Dublin, on Thursday afternoon, the sum of £25 was realised for the association. The programme, provided by the friends of Miss Martin, who organised the entertainment, comprised both vocal and instrumental music, which was greatly appreciated by the audience. After the concert, tea was provided at 6d. per head, and handed round by the nurses.

Messrs. Methuen have just published an authoritative work on the much-discussed alcohol question. The title is "The Drink Problem in its Medico-Sociological Aspects," edited by T. N. Kelynack, M.D., M.R.C.P., hon. secretary of the Society for the Study of Inebriety, a work which appeals to all interested in the prevention, arrest, and amelioration of alcoholism, and is of considerable service to those desirous of obtaining a scientific basis for efforts directed towards the care and control of the inebriate. Each section is written by a medical expert in a form appealing to the intelligent layman, as well as meeting the requirements of the medical practitioner.

The Quetta branch of the Lady Minto Nursing Association was opened on New Year's Day with two nurses. Mrs. Finnis, wife of the Officer Commanding Royal Engineers, has been indefatigable in seeing to provision of every convenience and comfort in the nurses' home.

Mrs. Spofforth, matron of a nurses' co-operation at Birmingham, writes that she was trained at Leicester Infirmary and the Queen's Hospital, Birmingham.

THE next meeting of the Irish Nurses' Association is announced for Wednesday, February 13th, 7.30 p.m., when Miss Studley will speak at 24 Upper Mount-street, Dublin, on "Massage and Medical Gymnastics."

THE Sanitas Company, Ltd., announce that they are preparing their disinfectant "Okol" with a guaranteed germicidal efficiency of 22 as compared with carbolic acid.

APPOINTMENTS

Abergavenny, Victoria Cottage Hospital.—Miss L. Smith has been appointed matron. She was trained at the Royal Hospital, Salford, and has since been sister there; sister of Q.A.I.M.N.R., in which capacity she saw active service in South Africa; matron of the Cottage Hospital, Bromyard, and matron of St. Mary's Hospital, Tenbury.

Brighouse Joint Hospital.—Miss E. Simpson has been appointed charge nurse. She was trained at the Liverpool Mill Road Infirmary, and has since been charge nurse at Walton Infirmary, and at the West Derby Union, Liverpool. Miss Simpson holds a C.M.B. certificate.

Epsom Union Infirmary.—Miss E. Medley has been appointed charge nurse. She was trained at Wolverhampton Union Infirmary, and has since been nurse and midwife at the Lyminge Union Infimary, Folkestone.

Holborn Union Workhouse, Sick Wards.—Miss J. Ray has been appointed charge day nurse. She was trained at the West Ham Infirmary, and has since been charge nurse at the Bridge School, Witham, Essex; sister at the Lambeth Parish Schools, W. Norwood.

Plaistow, St. Mary's Hospital for Women and Children.—Miss Willson has been appointed ward and theatre sister. She was trained at the Royal Infirmary, Hull, where she was afterwards theatre and ward sister; temporary matron at the Mansfield Accident Hospital, and night superintendent at the Croydon Infirmary. She has also done private nursing in London and at San Remo.

Prescot Workhouse Infirmary.—Miss E. A. Tunstall has been appointed head night nurse. Miss S. A. Higgins and Miss J. Hunter were appointed charge nurses. Miss Higgins has been at the Prescot Union, and Miss Hunter at Liverpool.

Royal London Ophthalmic Hospital (Moorfields).—Miss M. L. Pollett has been appointed lady superintendent and matron. She was trained at the London Hospital, and has since been sister at the Radcliffe Infirmary, Oxford; matron at the Nottingham General Hospital; matron of the Abingdon Hospital, and matron of the Hospital for Epilepsy and Paralysis.

Wimbledon, Isolation Hospital.—Miss E. S. Stone has been appointed charge nurse. She was trained at Lewisham Infirmary, and has since been at the Fountain Fever Hospital, and charge nurse at the Leicester Isolation Hospital.

RESIGNATIONS

WE understand that Miss Gertrude Knott, matron of the British Lying-in Hospital, Endell-street, has resigned, and will leave at the end of March. She was trained at Guy's Hospital, and has been at the Lying-in for nine years.

DARLINGTON HOSPITAL.—Miss F. A. Hunt, lady superintendent, has resigned. She was trained at St. Thomas's Hospital, and was afterwards matron and secretary of the Samaritan Hospital for Women.

WE learn that Miss Hannah Lloyd, of St. Mary's Hospital, Plaistow, has resigned in order to take up private nursing in Rome, under Miss Kirkpatrick. Miss Lloyd was trained at the Royal Southern Hospital, Liverpool, and was afterwards staff nurse at St. George's Hospital, and at the Cancer Hospital, and sister at the first-named institution.

ANSWER TO CORRESPONDENT

WICKFORD AND S.A.S.—The school nurses are under the London County Council, and application should be made to the Medical Officers' Department, Education Offices, Victoria Embankment, S.W.

CORRESPONDENCE

R.N. PENSION FUND FOR NURSES.

To the Editor.

I AM glad to see in your paper a letter from a nurse who has proved what the Royal National Pension Fund is to a nurse in case of illness.

I was laid aside from work for two years with but small hope of ever working again. Through all this long, weary time the Pension Fund proved to be a friend in need and a friend indeed. Thanks to the untiring kindness and sympathy of the committee, and the ready help of the Sick and Benevolent Funds, which not only kept up my premiums, but assisted me in other ways, I have been for the past six months able to do light work, and my most grateful thanks are due to Dr. Potter, Mrs. Farmer, and Mr. Dick for their unremitting attention and ever-ready sympathy in a trying hour. Would that every nurse would become a policy-holder is the wish of

POLICY 5017.

MALE NURSES.

To the Editor.

MAY I be allowed a short space in your most valuable paper to say a few word on the subject of "Male Nurses"?

I was very much interested in the two items of January 26th issue from "Lanoitan" and "Esrun," and quite agree when they say, "If only they had the same advantages for training as female nurses both medical men and patients would greatly benefit." It is a great pity there is only one training school where men are taught nursing, medical and surgical, massage and electrical treatment. One might take as an example, showing the necessity of male nurses in mental cases, an incident which occurred recently at the Dewsbury Workhouse. A gentleman who had entertained the inmates was suddenly called upon to assist the matron in putting a strait-jacket on a patient who had been seized with an attack of mania. The patient being the stronger seized a knife and rushed at the gentleman, who very luckily escaped. I was very glad to read of the gentleman bringing the above incident to public notice, as showing the necessity of male nurses. I could enumerate other instances similar, having had a personal experience only two weeks ago, but luckily I escaped. Trusting this will meet the eye of someone with influence to bring the subject forward.

SUNSHINE.

COMING EVENTS

FEBRUARY 5TH.—Lecture (free to all nurses) on Anæsthetics, by Mr. J. Bligh Wall, Miller Hospital, Greenwich, 8 p.m.

FEBRUARY 7TH.—Concert at Trinity College, Dublin, in aid of Sir Patrick Dun's Hospital.

FEBRUARY 8TH.—Annual Meeting Lincoln Nursing Association, Central Hall, 2 p m.

FEBRUARY 12TH.—C.M.B. Examination, London, Bristol, Manchester, and Newcastle.

FEBRUARY 12TH.—Lecture (free to all nurses) on Antiseptics, by Mr. Hugh Davies, Miller Hospital, Greenwich, 8 p.m.

FEBRUARY 19TH.—Meeting at Caxton Hall, in connection with the Jubilee Year of the London Biblewomen and Nurses' Mission, 3 p.m., the Earl of Harrowby in the chair, the Lord Bishop of London and others to speak.

All Editorial communications to be addressed to The Editor, "The Nursing Times,"
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